

PART B - FEE(S) TRANSMITTAL

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7590

12/15/2004

PATENT COUNSEL
NORTHROP GRUMMAN SPACE & MISSION SYSTEMS CORP.
ONE SPACE PARK
EI-2041
REDONDO BEACH, CA 90278

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Lorna L. Schott (Depositor's name)
Lorna L. Schott (Signature)
March 10, 2005 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/651,754	08/30/2000	Michael E. Campbell	20-0139	2627

TITLE OF INVENTION: TRANSCEIVER-PROCESSOR BUILDING BLOCK FOR ELECTRONIC RADIO SYSTEMS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	03/15/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
PEREZ GUTIERREZ, RAFAEL	2686	455-553100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Noel F. Heal

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Northrop Grumman Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Los Angeles, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 14-1325 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(e)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature

Noel F. Heal

Date

03-10-05

Typed or printed name

Noel F. Heal

Registration No.

26,074

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1 Noel F. Heal

2

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